Fill i	n this information to identify your case:						directed in this form an	d in Form
Deb	tor 1 Stacey A. McNally			12	22A-1S	rbb:		
Debi	tor 2				■ 1. T	here is no pres	sumption of abuse	
	ed States Bankruptcy Court for the: Eastern District o	f Tenne	essee		á	applies will be i	to determine if a presu made under <i>Chapter 7</i> ficial Form 122A-2).	•
(if kno	e number wn)						t does not apply now by service but it could a	
					☐ Ch	eck if this is a	an amended filing	
Off	icial Form 122A - 1							
Ch	apter 7 Statement of Your Cu	rren	t Mor	nthly Ind	com	е		12/1
case	n a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted from military service, complete and file Statement of Exemula: Calculate Your Current Monthly Income	om a pre	sumption	of abuse becar	use you	do not have pri	marily consumer debts	or because of
1.	What is your marital and filing status? Check one o	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married and your spouse is filing with you. Fill o	ut both	Columns	A and B, lines	2-11.			
	\square Married and your spouse is NOT filing with you.	You a	nd your s	spouse are:				
	☐ Living in the same household and are not leg	ally se	parated.	Fill out both Co	olumns	A and B, lines	2-11.	
	☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi	legally	separated	d under nonba	nkruptc	y law that appli	es or that you and you	
10 th	Il in the average monthly income that you received from all D1(10A). For example, if you are filing on September 15, the 6-re 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that	month pe al by 6. F	eriod would fill in the re	be March 1 thro sult. Do not inclu	ough Aug ide any i	gust 31. If the am ncome amount n	ount of your monthly incomore than once. For exam	me varied during ple, if both
					Colur Debte		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	, and c	ommissio	ons (before all	\$	1,505.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3.	t. Includ d, your	de regular depende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession	, or far	m		· —		·	
			Deb	tor 1				
	Gross receipts (before all deductions)	\$_	0.00					
	Ordinary and necessary operating expenses	- \$ _	0.00	_				
	Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here -	> \$	0.00	\$	
6.	Net income from rental and other real property		D-1	tor 1				
	Once a secretary that are all all the six	\$	0.00	tor 1				
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$	0.00					
1	Orumary and necessary operating expenses	Ψ						

Net monthly income from rental or other real property

7. Interest, dividends, and royalties

0.00 Copy here -> \$

\$

0.00

0.00

\$

\$

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Case number (if known)

Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead. list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. \$ 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for +| \$ 1.505.00 1,505.00 each column. Then add the total for Column A to the total for Column B. \$ Total current monthly income Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 1,505.00 Multiply by 12 (the number of months in a year) x 12 18.060.00 12b. The result is your annual income for this part of the form 12h 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. TN Fill in the number of people in your household. 1 57.246.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Go to Part 3 and fill out Form 122A-2.

Debtor 1

Stacey A. McNally

Debtor 1	Stacey A. McNally	Case number (if known)
Part 3:	Sign Below	
	By signing here, I declare under penalty of perjury that the inf	ormation on this statement and in any attachments is true and correct.
	X /s/ Stacey A. McNally	
	Stacey A. McNally Signature of Debtor 1	
Da	te 11/08/2023	
	MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file Form 122A-2.	
	If you checked line 14b, fill out Form 122A-2 and file it with th	is form.

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 05/01/2023 to 10/31/2023.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: PNC Bank

Income by Month:

6 Months Ago:	05/2023	\$3,443.00
5 Months Ago:	06/2023	\$2,675.00
4 Months Ago:	07/2023	\$915.00
3 Months Ago:	08/2023	\$0.00
2 Months Ago:	09/2023	\$0.00
Last Month:	10/2023	\$0.00
	Average per month:	\$1,172.17

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Prime Therapeutics

Income by Month:

6 Months Ago:	05/2023	\$0.00
5 Months Ago:	06/2023	\$0.00
4 Months Ago:	07/2023	\$1,997.00
3 Months Ago:	08/2023	\$0.00
2 Months Ago:	09/2023	\$0.00
Last Month:	10/2023	\$0.00
	Average per month:	\$332.83